MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

FILING DATE

CLAIMS

| • | AS FILED | | AFTER 1#AMENDMENT | | AFTER 2 MAMENDMENT | | | | AS FILED | | AFTER 1"AMENDMENT | | AFTER 2 ™ AMENDMENT | |
|-----------------|------------------|----------|-------------------|------|---------------------------------------|-------|----|-----------------|----------|--------------|-------------------|---------------------------------------|---|----------|
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| 50 TOTAL | | | | | | | | 100 TOTAL | | | | | | |
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| TOTAL DEP. | 24 | + | | • | | + | | TOTAL DEP. | | + | | 4 | | + |
| TOTAL CLAIMS | 30 | | | | | | | TOTAL CLAIMS | | | | | | |